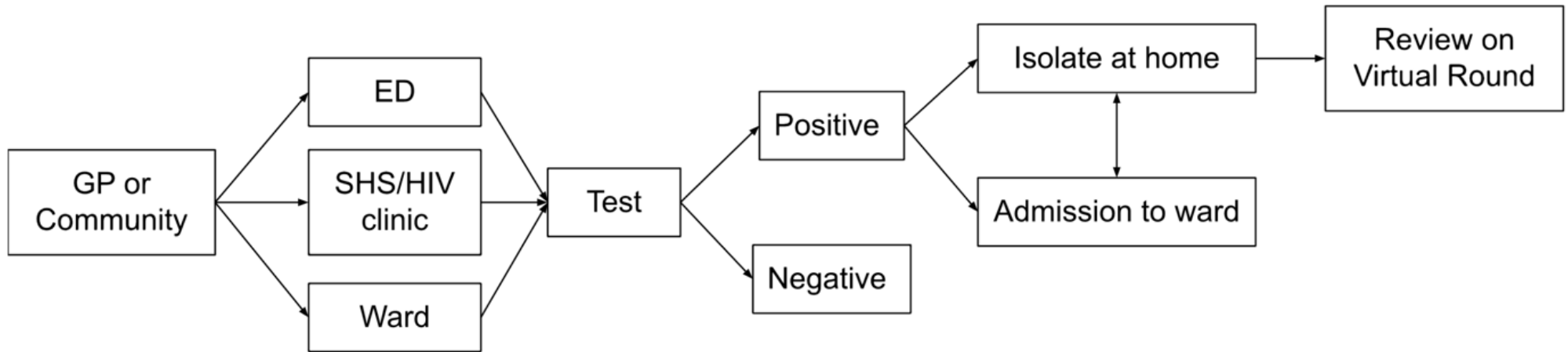


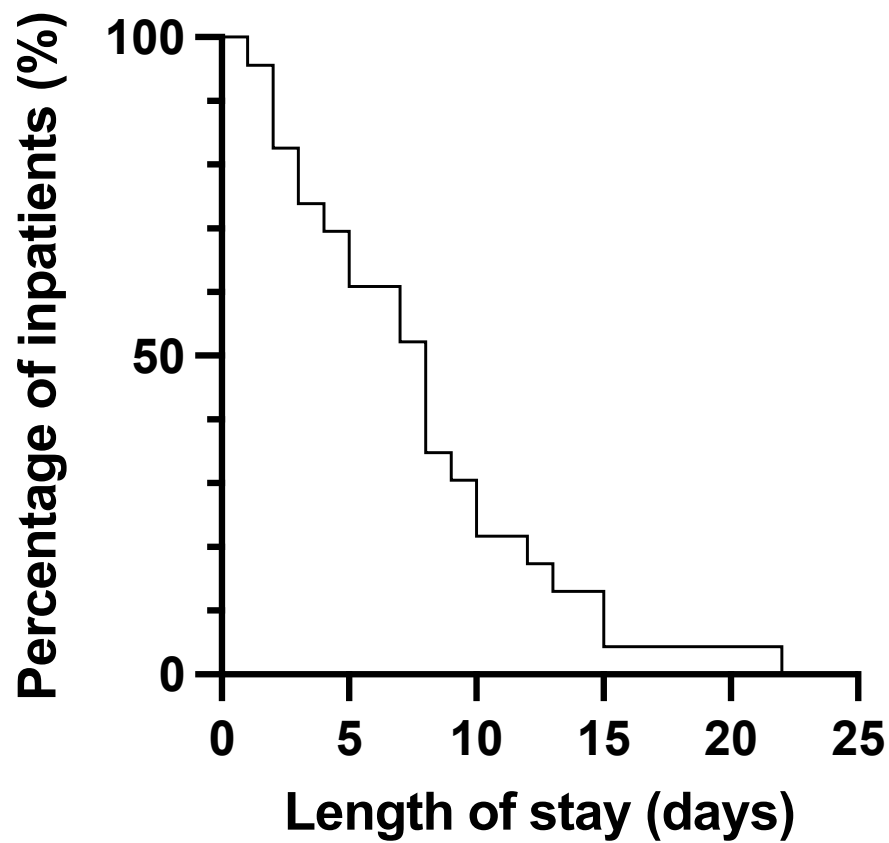
Supplementary Material



Supplementary figure 1 – Testing and management pathway

Suspected patients were seen either through sexual health service (SHS) or HIV clinic (directly or via referral from General Practice (GP)), the Emergency Department (ED) or via a direct admission to the HCID ward. Here they were clinically assessed and swabbed for testing. Patients with a PCR positive for monkeypox were risk assessed via a telephone consultation and subsequently isolated at home or admitted to the HCID ward. If at home, they were reviewed by the clinical team during a ‘virtual ward round’ via telephone consultation and could be admitted if there were concerns about clinical deterioration or ability to isolate.

Supplementary figure 3 – Length of stay in hospital of those admitted with monkeypox infection in a centre in London during the 2022 outbreak between 13 May - 1 July 2022 (n=23)



Supplementary figure 4 – Secondary bacterial infection of penis due to *Staphylococcus aureus* and *Streptococcus dysgalactiae*



Supplementary figure 5 – USS showing inflamed subcutaneous tissues within the upper right thigh with a tract to a further lesion in the upper right outer thigh



Supplementary figure 6 – Symmetrical maculopapular rash of the legs following monkeypox infection

